STATE OF CALIFORNIA

DISTRIBUTED ENERGY STORAGE DX AC SYSTEMS ACCEPTANCE

CEC-NRCA-MCH-14-A (Revised 01/19) CALIFORNIA ENERGY COMMISSION

CERTIFICATE OF ACCEPTANCE		NRCA-MCH-14-A
Distributed Energy Storage DX AC Systems Acceptance		(Page 1 of 3)
Project Name:	Enforcement Agency:	Permit Number:
Project Address:	City:	Zip Code:
System Name or Identification/Tag:	System Location or Area Served:	

Compliance Results: AUTOMATED (“Complies” or “Does Not Comply”)	Enforcement Agency Use: Checked by/Date

Intent:	This acceptance test applies to direct expansion (DX) systems with distributed energy storage (DES/DXAC). These acceptance requirements are in addition to those for other systems or equipment such as economizers or packaged equipment. This is acceptance test was developed by AEC for Distributed Energy Storage for Direct-Expansion Air Conditioners, January 27, 2005 and is directly referenced by the 2019 Building Energy Efficiency Standards. (NA7.5.13) Submit one Certificate of Acceptance for each system that must demonstrate compliance.

A. Construction Inspection			
Building:	Floor:	Room/Area/Zone:	Control/System:

1	Required Documentation (check all of the following):	
☐	a.	Designs, plans, schematics, and schedules as approved by the authority having jurisdiction.
2	Prior to Performance Testing, verify and document the following (check all of the following): (NA7.5.13.1)	
☐	a.	The water tank is filled to the proper level. (NA7.5.13.1(a))
☐	b.	The water tank is sitting on a foundation with adequate structural strength. (NA7.5.13.1(b))
☐	c.	The water tank is insulated and the top cover is in place. (NA7.5.13.1(c))
☐	d.	The DES/DXAC is installed correctly (refrigerant piping, etc.). (NA7.5.13.1(d))
☐	e.	Verify that the correct model number is installed and configured. (NA7.5.13.1(e))
3	Calibrating Controls (check all of the following): (NA7.5.13.3)	
☐	a.	Verify that the proper time and date as specified by manufacturer’s installation manual for approved installers has been set. (NA7.5.13.3(a))
Construction Inspection Compliance Results: AUTOMATED (“Complies” or “Does Not Comply”)		

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Distributed Energy Storage DX AC Systems Acceptance		(Page 2 of 3)
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B. Functional Testing

Building:	Floor:	Room/Area/Zone:	Control/System:

Steps:		Results
1	Simulate cooling load during daytime period (e.g. by setting time schedule to include actual time and placing thermostat cooling set-point below actual temperature). Verify and document the following: (NA7.5.13.2 Step 1)	
a.	Supply fan operates continually. (NA7.5.13.2 Step 1a)	P/F
b.	The DES/DXAC has cooling capacity while the DES/DXAC runs to meet the cooling demand (in ice melt mode). (NA7.5.13.2 Step 1b)	P/F
c.	The DES/DXAC has no ice and there is a call for cooling while the DES/DXAC runs in direct cooling mode. (NA7.5.13.2 Step 1c)	P/F
2	Simulate no cooling load during daytime condition. Verify and document the following: (NA7.5.13.2 Step 2)	
a.	Supply fan operates as as specified by the facility thermostat or control system. (NA7.5.13.2 Step 2a)	P/F
b.	The DES/DXAC and the condensing unit do not run. (NA7.5.13.2 Step 2b)	P/F
3	Simulate no cooling load during morning shoulder time period. Verify and document that the DES/DXAC is idle. (NA7.5.13.2 Step 3a)	P/F
4	Simulate a cooling load during morning shoulder time period. Verify and document that the DES/DXAC runs in direct cooling mode. (NA7.5.13.2 Step 4a)	P/F
5	Return the system to normal operation.	
Functional Testing Compliance Results: AUTOMATED (“Complies” or “Does Not Comply”)		

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Distributed Energy Storage DX AC Systems Acceptance		(Page 3 of 3)
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DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Acceptance documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	ATT Certification Identification (If applicable):
City/State/Zip:	Phone:

FIELD TECHNICIAN'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. The information provided on this Certificate of Acceptance is true and correct.
2. I am the person who performed the acceptance verification reported on this Certificate of Acceptance (Field Technician).
3. The construction or installation identified on this Certificate of Acceptance complies with the applicable acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and signed by the responsible builder/installer and has been posted or made available with the building permit(s) issued for the building.

Field Technician Name:	Field Technician Signature:	
Field Technician Company Name:	Position with Company (Title):	
Address:	ATT Certification Identification (if applicable):	
City/State/Zip:	Phone:	Date Signed:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

I certify the following under penalty of perjury, under the laws of the State of California:

1. I am the Field Technician, or the Field Technician is acting on my behalf as my employee or my agent and I have reviewed the information provided on this Certificate of Acceptance.
2. I am eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Acceptance and attest to the declarations in this statement (responsible acceptance person).
3. The information provided on this Certificate of Acceptance substantiates that the construction or installation identified on this Certificate of Acceptance complies with the acceptance requirements indicated in the plans and specifications approved by the enforcement agency, and conforms to the applicable acceptance requirements and procedures specified in Reference Nonresidential Appendix NA7.
4. I have confirmed that the Certificate(s) of Installation for the construction or installation identified on this Certificate of Acceptance has been completed and is posted or made available with the building permit(s) issued for the building.
5. I will ensure that a completed, signed copy of this Certificate of Acceptance shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Certificate of Acceptance is required to be included with the documentation the builder provides to the building owner at occupancy.

Responsible Acceptance Person Name:	Responsible Acceptance Person Signature:	
Responsible Acceptance Person Company Name:	Position with Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed: